



RQ-2

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20510

Ron Burton, Treasurer
Building Owners and Managers Assn
International PAC (BOMAPAC)
1201 New York Avenue, NW, Suite 300
Washington, DC 20005

JAN 29 2003

Identification Number: C00106435

Reference: July Quarterly Report (4/1/02-6/30/02)

Dear Mr. Burton:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a non-monicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

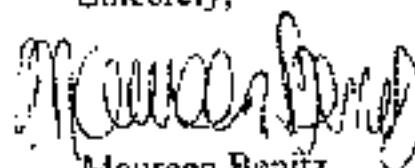
If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Maureen Beatz
Campaign Finance Analyst
Reports Analysis Division

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
 for each category of the
 general disbursement items

FOR LINE DISBURSEMENT			PERIOD		
Check only one					
<input type="checkbox"/> 21A	<input type="checkbox"/> 22	<input type="checkbox"/> 23B	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 26A	<input type="checkbox"/> 27	<input type="checkbox"/> 28A	<input type="checkbox"/> 29B	<input type="checkbox"/> 28C	<input type="checkbox"/> 29D

Any information copied from such reports and schedules may not be sold or used by any person for the purpose of compiling contributions or by commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE OR PARTY

Building Owners and Managers Association PAC

FEC Name (Last, First, Middle Initial)

A. Friends of Pelosi

Mailing Address

(03705) Corporate Drive Suite 118

State Zip Code

City

Fairfax 22423

Purpose of Disbursement

Contribution

Candidate Name

Rep. Tom DeLay

Office Sought

 House
Senate
President
District

 Disbursement For:
Primary
General
Other (specify) *

Full Name (Last, First, Middle Initial)

B. Congressional Club for Congress

Mailing Address

P.O. Box 918

State Zip Code

City

Springfield

VA 22151

Purpose of Disbursement

Contribution

Candidate Name

Russell Feingold

Office Sought

 House
Senate
President

 Disbursement For:
Primary
General
Other (specify) *

Full Name (Last, First, Middle Initial)

C. The Pelosi Family Committee

Mailing Address

401 Executive Production 401 Nme Ave

State Zip Code

City

Alexandria

VA 22331

Purpose of Disbursement

Contribution

Candidate Name

Rep. Bill Tauzin

Office Sought

 House
Senate
President

 Disbursement For:
Primary
General
Other (specify) *

State

District

\$5,000.00

GRAND TOTAL OF DISBURSEMENTS THIS PAGE (MILLIONS)

TOTAL THIS PERIOD (DO NOT PAGE THIS LINE TWICE; ONLY ONE TOTAL PER REPORT)

FEC Form 3X-B (Form 3X) (Revised 5/94)

MODULE B

ITEMIZED DISBURSEMENTS

Line number 1 through 6
for each entry on the
Detailed Disbursement PagePAGE 1 OF 1
FOR LINE NUMBER

Information reported on such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political subdivision to solicit contributions from that same committee.

NAME OF CONTRIBUTOR (or FILER)

Building Owners & Managers Assn. International PAC (BOMA/IAPAC)

a. Full Name, Mailing Address and ZIP Code Richard E. Neal for Congress Committee 78 Magnolia Hall Springfield, MA 01108	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/00	\$500.00
b. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
c. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
d. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
e. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
f. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
g. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
h. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
i. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Payroll <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$500.00

TOTAL This Period (and page this and previous ones)

22037842407

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use Separate Addititve for Each Category of the Disbursements Page	FOR LINE NUMBER (check only one)	PAGE	/ OF 3
	<input type="checkbox"/> 21A	22	<input checked="" type="checkbox"/> 23
	<input type="checkbox"/> 20	24	<input type="checkbox"/> 25
	<input type="checkbox"/> 25	26	<input type="checkbox"/> 27
	<input type="checkbox"/> 26	28	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Federal Banks and Managers Association

Full Name (Last, First, Middle Initial)

A. Torritelli for US Senate		Date of Disbursement 1976-10-17 1976-10-25
Mailing Address 120 S Connecticut Ave NW		Amount of Each Disbursement this Period \$1,000.00
City Washington	State DC	Category Type Political
Purpose of Disbursement Campaign Fund		Other Source: <input type="checkbox"/> House <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (Specify) V
Candidate Name Rep. John J. Torritelli		State: District District
Full Name (Last, First, Middle Initial)		Date of Disbursement 1976-10-17 1976-10-25
B. People for English		Amount of Each Disbursement this Period \$2,000.00
Mailing Address 2309 West 17th Street		Category Type Political
City Exile	State PA	Other Benefit: <input type="checkbox"/> House <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Senate <input type="checkbox"/> Other (Specify) V
Purpose of Disbursement Campaign Fund		State: District District
Candidate Name Rep. Paul English		Date of Disbursement 1976-10-17 1976-10-25
C. House for Congress		Amount of Each Disbursement this Period \$1,000.00
Mailing Address 341 Carlton House Office Building		Category Type Political
City Washington	State DC	Other Source: <input type="checkbox"/> House <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Senate <input type="checkbox"/> Other (Specify) V
Purpose of Disbursement Campaign Fund		State: District District
Candidate Name Rep. Richard Boller		Date of Disbursement 1976-10-17 1976-10-25
Other Benefit: <input type="checkbox"/> House <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Senate <input type="checkbox"/> Other (Specify) V		Amount of Each Disbursement this Period \$1,000.00

SUBTOTAL of Disbursements This Page (optional) **\$4,000.00**TOTAL This Period (last page in the number only) **-----**

NOTICE: See back of Form and Previous Page

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use this page to add
the next category of the
Detailed Disbursement PagePAGE 2 OF 3
FORM NUMBER

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expenses, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and ZIP Code People for Real English P.O. Box 1940 Erie, PA 16507-0940	Purpose of Disbursement PA - PA \$1,000.00	Date (month, day, year) 2/28/01	Amount of Each Disbursement This Period \$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2/28/01		
B. Full Name, Mailing Address and ZIP Code Friends & Neighbors Council P.O. Box 812 Bismarck, ND 58501	Purpose of Disbursement Senate - ND	Date (month, day, year) 3/2/01	Amount of Each Disbursement This Period \$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 3/2/01		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (Just enter this line number only) _____

2,000.00

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